EXHIBIT

5

POLICY CERTIFICATION

The	undersigne	ed, Ja	imey	Bly,	bein	g the	Mana	ger d	of Li	fe Pol	Licv
Admi	nistration	of N	Jation	wide	Life	Insura	ance	Compa	ny l	ocated	in
Colu	mbus, Ohio,	, here	by sta	ates	that t	che att	cache	d port	ions	of pol	Licy
numb	er L03480	4300	insur	ing	the	life	of	Gary	Η.	Lupilo	off,
cons	titute a ti	rue an	d accı	ırate	сору	of sai	oq bo	licy.			
									11 -	/ /	

STATE OF OHIO) . S.S. COUNTY OF FRANKLIN)

On this 4h day of 2011, before me, a Notary Public in and for the State of Ohio, appeared 2011, known to be the person described herein, and who executed the foregoing instrument and she acknowledged that she voluntarily executed the same.

Notary Public

My Commission Expires: 10000011

MARGARET MODLICH
Notary Public, State of Ohio
My Commission Expires 06-22-2011



GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY

PLEASE READ YOUR POLICY CAREFULLY

This policy is a legal contract between you and us.

MEMO TO THE POLICY OWNER:

Patricia B. Hatter

Thank you for relying on Nationwide Life Insurance Company.

The protection this policy provides is explained on the following pages. To help us serve you better, please let us know if you change your name or address, or wish to change your Beneficiary.

We agree to pay the Death Benefit to the Beneficiary upon receiving proof that the Insured has died while this policy is in force.

10 DAY RIGHT TO EXAMINE

To be certain that you are satisfied with this policy, you have a 10-day "free look." Within 10 days after you receive the policy, you may return it to our Home Office or to the agent who delivered it. We will then void the policy as if it had never been in force and refund all premiums paid.

If you have any questions about your policy or need additional insurance service, contact your agent or write to our. Home Office. When you write to us, please include the policy number, the Insured's full name; and your current address.

Signed at the Home Office of the Nationwide Life Insurance Company, One Nationwide Plaza, Columbus, Ohio on the Policy Date shown on the policy data page.

Secretary

President

Renewable once a year until age 95.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages.

Premiums payable during lifetime of Insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends.

Life 4608

Nationwide Life Insurance Company

Home Office: One Nationwide Plaza A Columbus, Ohio 43215-2220.

CONTENTS

PROVISION PAGE Age or Sex4 Death Benefit......4 General Policy Provisions......3 Incontestability......4 Owner and Beneficiary Provisions4 Policy Data Page......2 Suicide4

POLICY DATA PAGE

Owner Insured Policy Number harveni 10 aga

GARY H LUPILOFF GARY H LUPILOFF L034804300

Sex Of Insured Rate Type

Mele Non-Tobacco Policy Date

November 28, 2003

Initial Face Amount

\$500,000 Standard Premium Class

An initial premium on the premium basis as shown in the application is due as of the policy date. Total initial premiums for the available frequencies of payment are:

Annual

Sami Annual

Quarterly

Monthly

\$1,030.00

2, edd the loading

\$535.60

\$272.95

\$91.67

Premiums are payable to the policy anniversary in the year shown in the schedule below or until prior death of the insured.

To determine the guaranteed maximum model premium for any given age, use the annual premium shown and then: 1. multiply by the factor shown at the right; and

Payment Mode Semi-annual Quarterly

PAP

Factor Loading x .5200 + .00

x .2650

.00 x .0890 .00

Schedule of Benefits and Annual Premiums

Form Payable Annual Number Bonefits To Year Premium 10 YEAR LEVEL GUARANTEED TERM LIFE INSURANCE TO AGE 98 4608 \$1,030.00 2013 TOTAL INITIAL ANNUAL PREMIUM \$1,030.00

Ulla 4403

Page 2

XLUPOTA

Insured Name
Policy Number L034804300
Policy Date
Age Of Insured
Sex of Insured
Mela

GARY H LUPILOFF
L034804300
November 28, 2003
Mela

10 Year Level Guaranteed Term Life Insurance to Age 95 - Base Policy

Face Amount -

\$500,000

NOTE: Premium is due at the beginning of each premium payment period (le., Annual, Semi-Annual, Quarterly, Monthly). The premium for the annual premium payment period is disclosed on this page.

NOTE: Conversion may be at any time during the first 5 years, subject to the 'CONVERSION' provision.

POLICY YEAR	AGIE	OUARANTEED PREMIUM	POLICY	AQIE	guaranteed Premium
1	46	\$1,030.00	25	71	\$52,915.00
. 2	47	\$1,030.00	27	72	\$58,435.00
3	48	\$1,030.00	28	73	\$65,135.00
.4	49	\$1,030.00	29	74	\$72,495.00
5	50	\$1,030.00	30	75	580,385,00
6	51	\$1,030,00	31	76	\$88,675.00
7	52	\$1,030 00	32	77	\$97,365.00
8	53	\$1,030.00	33	78 ¹	\$106,480.00
9	54	\$1,030.00	34	78	\$116,310.00
10	55	\$1,030.00	35	80	\$127,170.00
11	5 6	\$11,825.00	36	81	\$139,335.00
12	87	312,980.00	37	82	\$103,000.00
13	58	\$14,288.00	38	83	\$168,280.00
14	59	\$15,710.00	39	84 .	\$184,685.00
15	60	\$17,320.00	40	85	\$201,930.00
16	81	\$19,110.00	41	- 88	\$219,760.00
17	62	\$21,175.00	42	87	\$237,915.00
18	83	\$23,515.00	43	88	\$258,315.00
19	84	\$28,110.00	44	89	\$275,225.00
20	65	\$28,955.00	48	90	\$294,810.00
21	68	\$32,030.00	45	91	\$315,830.00
22	87	\$35,330.00	47	92	\$338,785.00
23	68	\$38,915.00	48	93	* \$365,945.00
24	69	\$42,890.00	49	94	\$402,410.00
25	70	\$47,750.00			•
		•			

Life 4606

Page 2

YLVPOAA

DEFINITIONS

ATTAINED AGE: The Insured's Attained Age is equal to the Insured's age at issue, shown on the policy data page, plus the number of completed Policy Years.

BENEFICIARY: The Beneficiary is the person to whom the Death Benefits are paid when the Insured dies. The Beneficiary is named in the application, unless changed.

COMPANY: The Company is the Nationwide Life Insurance Company. "We," "our," and "us" refer to the Company.

CONTINGENT BENEFICIARY: The Contingent Beneficiary will become the Beneficiary if the named Beneficiary dies prior to the date of the death of the Insured.

CONTINGENT OWNER: The Contingent Owner will become the Owner if the named Owner dies prior to the date of death of the Insured.

DEATH BENEFIT: The Death Benefit means the amount of money payable to the Beneficiary if the Insured dies while this policy is in force.

HOME OFFICE: The Home Office of the Company is at One Nationwide Plaza, Columbus, Ohio.

INSURED: The Insured is the person whose life is covered by this insurance policy and named in the application.

OWNER: The Owner is as stated in the application unless later changed and endorsed on this policy. "You" or "your" refer to the Owner of this policy.

POLICY ANNIVERSARY: A Policy Anniversary is an anniversary of the Policy Date, shown on the policy data page.

POLICY DATE: The Policy Date is the date the policy provisions take effect. It is shown on the policy data page. Policy Years and policy months are measured from the Policy Date.

POLICY YEAR: The Policy Year starts on an anniversary of the Policy Date, and ends on the day prior to the next anniversary of the Policy Date.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT: The insurance provided by this policy is in return for the application and premiums paid as required in the policy. The policy and a copy of any written application, including any written supplemental applications together make up the entire policy contract. All agreements related to the policy must be on official forms signed by the President or Secretary of the Company. We will not be bound by any promise or representation made by any agent or other persons.

APPLICATION: All statements in an application are considered representations and not warranties. In issuing this policy, we have relied on the statements made in the application to be true and complete. No such statement will be used to void the policy or deny a claim unless that statement is a material misrepresentation.

SUICIDE: Suicide of the Insured, while sane or insane, within two years after the Policy Date, is not covered by this policy. In that event, this policy will end and the only amount payable will be the return of any paid premiums to the Beneficiary.

INCONTESTABILITY: After this policy has been in force during the lifetime of the Insured for two years from the Policy Date, we will not contest it for any reason except nonpayment of premiums. After any endorsement or rider has been in force as part of the policy during the lifetime of the Insured for two years, we will not contest it for any reason except nonpayment of premium.

ERROR IN AGE OR SEX: If the age or sex of an Insured has been misstated, all payments and benefits under the policy will be those which the premiums paid would have purchased at the Insured's correct age or sex.

ASSIGNMENT: The Owner may assign all rights under this policy. We will not be bound by the assignment until written notice is received, accepted, and recorded at our Home Office. Assignment will be subject to any amounts owed to us before the assignment was recorded. We are not responsible for the validity of any assignment.

NON-PARTICIPATION: This policy does not participate in our earnings or surplus. This policy does not carn dividends.

DEATH BENEFIT PROVISION

We will pay the Death Benefit to the Beneficiary when we receive satisfactory proof that the death of the Insured occurred while this policy was in force. The part of any premium paid past the policy month of death will be added to the amount paid on death. Any amounts owed to us under the Premium Payment Provisions will be deducted from the amount paid on death.

OWNER AND BENEFICIARY PROVISIONS

OWNERSHIP: The Owner has all rights under the policy during the lifetime of the Insured, unless otherwise provided. If the Owner dies before the Insured, the Owner's estate becomes Owner of the policy, unless the Owner has provided otherwise.

The Owner may name a Contingent Owner or a new Owner at any time during the lifetime of the Insured. Any new designation of an Owner will automatically revoke any existing designation. Any request for change must be made in writing and recorded at our Homo Office. It is effective as of the date the written request is signed. It will not apply to any payment made or action taken by us before it was recorded.

BENEFICIARY: The Beneficiary and Contingent Beneficiary on the Policy Date are named in the application. More than one Beneficiary or Contingent Beneficiary may be named. If more than one Beneficiary is designated when the Death Benefit becomes payable, payment to the survivors will be made in equal shares, or in full to the last survivor, unless some other distribution of proceeds is provided.

If any Beneficiary dies or cesses, to exist before the Death Benefit becomes payable, that Beneficiary's interest will be paid to any surviving Beneficiaries or Contingent Beneficiaries according to their respective interests, unless you have specified otherwise. If no Beneficiary is living or in existence when the Death Benefit becomes payable, we will consider you or your estate to be the Beneficiary.

CHANGE OF BENEFICIARY: While the Insured is living, you may change any Beneficiary or Contingent Beneficiary. Any change must be in a written form satisfactory to us and recorded at our Home Office. Once recorded, whether or not the Insured is then alive, the change will take effect as of the date you signed it. It will not affect any payment made or action taken by us before it was recorded. We may require that you send us your policy for endorsement before making a change.

PREMIUM PAYMENT PROVISIONS

Premiums are payable for the term of the policy or until the prior death of the Insured. The full premium is payable in advance, and must be paid when due to avoid loss of coverage or reduced benefits. Premiums are payable at our Home Office or to our authorized representative. The authorized representative will accept premiums and provide an official Company receipt signed by the President or Secretary and countersigned by representative. The first premium is due on the Policy Date shown on page 2. After that, premiums are due once a year, or every six months, or every three months, or once a month, depending upon the frequency of payment chosen by the Owner.

All future premiums are guaranteed. You may change the frequency of future premium payments by written request. The change must conform to premium payment rules we have in effect at that time.

PREMIUM CHANGES: All premiums are guaranteed at issue as stated in the policy data pages. The premiums are level for the period shown on the policy data pages. After the level portion of the policy, the premiums are based on an Attained Age scale and increase every year to age 95.

GRACE PERIOD: If any premium after the first one is not paid when due, a period of 31 days from the due date of the unpaid premium will be allowed for payment. The policy will continue in force during this 31 day period. However, if the Insured dies during this 31 day period, any unpaid premium will be deducted from the Death Benefit. In no event will premiums be charged past the policy month of death. This policy will lapse, without value, if premiums are not paid.

REINSTATEMENT: If this policy lapses prior to the expiration date, you may reinstate it. You must apply in writing within five years after the date the first unpaid premium was due. We must also have evidence of insurability that is acceptable to us. All overdue premiums must be paid with 6% compound interest. Compounding interest is added to the amount owed and begins to bear interest itself during the following year.

CONVERSION

This policy may be converted to a level premium, level benefit, permanent plan of whole life or endowment insurance which is currently being offered by Nationwide. Subject to the Company's approval, the conversion may also be made to certain non-level premium, permanent life insurance policies. Conversion may be at any time prior to the end of the conversion period, as stated on the policy data pages. The following will apply:

- 1. This policy must be in force.
- 2. Conversion must be applied for in writing.
- 3. The Insured's Attained Age must be less than 75.
- 4. Evidence of insurability is not needed.
- The face amount of the new policy may be for an amount up to the face amount of this policy at the time the request for conversion is made, but not less than our published minimum for the plan selected.

- 6. The new policy must be for a plan of insurance we are issuing on the date of conversion.
- Premiums for the converted policy will not be waived because of any existing disability at the time of
 conversion.
- 8. Supplemental benefits cannot be added without evidence of insurability and consent of the Company.

The Policy Date of the new policy will be the date of conversion. The premium for the new policy will be based on the same class of risk as this policy and the Attained Age of the Insured on the date of conversion.

The contestable and suicide periods in the new policy will start on the Policy Date of this policy.

POLICY SETTLEMENT

Policy settlement means payment of the Death Benefit when the Insured dies.

Policy settlement may be paid in a lump sum. Options for other methods of settlement are also available. One settlement option or a combination of options may be chosen. A settlement option other than lump sum may be chosen only if the total amount placed under the option is at least \$2,000.00 and each payment is at least \$20.00.

While this policy is in force, the Owner may choose, revoke or change settlement options at any time. If no settlement option has been chosen before the Insured has died, the Beneficiary may choose one. If no other settlement option has been chosen, payment will be made in a lump sum.

Settlement options must be chosen, revoked or changed by proper written request. After an option, revocation, or change is recorded at our Home Office, it will become effective as of the date it was requested. We may require proof of age of any person to be paid under a settlement option. Any change of Beneficiary will automatically revoke any settlement option that is in effect.

At the time of policy settlement under any settlement option other than hump sum, we will issue a settlement contract in exchange for the policy. The effective date of the settlement contract will be the date the Insured died.

Scattlement option payments are not assignable. To the extent allowed by law, seatlement option payments are not subject to the claims of creditors or to legal process.

Options 1, 2, 4 and the guaranteed period of Option 3, provide for payment of interest at the rate of 2-1/2% per year. We will determine once a year any interest to be paid in excess of the rate of 2-1/2%.

OPTIONS

- 1. INTEREST INCOME: Any amount payable under this option may be left with us and will receive interest of at least 2-1/2% annually. This interest may be either left to accumulate or it may be paid at the end of every 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.
- 2. INCOME FOR A FIXED PERIOD: Any smount payable under this option will be paid over the number of years selected. The amount payable monthly for each \$1,000 left with us will be at least as much as the amount shown in the Option 2 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Each payment includes a portion of the amount left with us and interest. Upon receipt of proper written request, the amount left with us may be withdrawn.

- 3. LIFE INCOME WITH PAYMENTS GUARANTEED: Any amount payable under this option will be paid during the named payee's lifetime. A guaranteed period of 10, 15, or 20 years may be selected. Payments will continue to the end of this period even if the payee dies. The amount payable monthly for each \$1,000 left with us is shown in the Option 3 Table. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.
- 4. FIXED INCOME FOR VARYING PERIODS: Any amount payable under this option will be paid in a fixed amount until the amount left under this option, and interest, has been paid. The total amount payable each year may not be less than 5% of the amount left under this option. Interest paid under this option will be at the rate of at least 2-1/2% compounded annually. If chosen, payments will be made at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Upon receipt of proper written request, the amount left with us may be withdrawn.
- 5. JOINT AND SURVIVOR LIFE INCOME: Any amount payable under this option will be paid and continued during the lifetimes of the named payees, as long as either payee is living. Upon request, the Company will furnish information as to the monthly amounts payable for each \$1,000 of proceeds. (Life Income amounts payable for other combinations of age and sex will be furnished on request.) If chosen, payments will be made jointly at the beginning of each 12, 6, 3, or 1 month interval, starting with the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.
- 6. LIFE ANNUITY: Any amount payable under this option will be paid during the lifetime of the named payce or the lifetimes of the named payces. The amount payable will be 102% of our current annuity purchase rate on the effective date of the settlement contract. Annuity purchase rates are subject to change. Upon request, we will quote the amount currently payable under this settlement option. If chosen, payments will be made at the end of each 12, 6, 3, or 1 month interval from the effective date of the settlement contract. Amounts left with us under this option may not be withdrawn.

TABLES FOR SETTLEMENT OPTIONS

OPTION 2

Monthly Installments for each \$1,000 of Proceeds Option 2 - Income for a Fixed Period

Number of Years	Amount of Each	Number of Years	Amount of Each
Specified	Installment	Specified	Installment
1	\$84.28	16	\$6.30
2	42. 6 6	17	6.00
. 3	28.79	18	5.73
4	21.86	19	5.49
5	17.70	20	5.27
6	14.93	21	5.08
7	12.95	22 23 24	4.90
8	11.47	23	4.74
9	10.32	24	4.60
10	9.39	25	4.46
11	8.64	26	4.34
13	8.02	27	4.22
13	7.49 7.03	28	4.12
15	6.64	29 30	4.02 3.93
Annual, semi-annual or	quarterly payments are 11.86 Installa	55, 5.969 and 2.994 respective	cly times the monthly

OPTION 3

Monthly Installments for each \$1,000 of Proceeds Option 3 - Life Income with Payments Guaranteed REFER TO NEXT PAGE

OPTION 5

Monthly Installments for each \$1,000 of Proceeds Option 5 - Joint & Survivor Life Income

	M/F	50	55	60	65	70	75	80	85	90	95	100
	50	\$2.86	\$2.96	\$3.04	\$3.11	\$3.17	53.21	\$3.24	\$3.26	\$3.28	\$3.29	\$3.29
	55	\$2.92	\$3.04	\$3.15	\$3.26	\$3.35	\$3.43	\$3.48	\$3.52	\$3.55	\$3.56	\$3.57
	60	\$2.96	\$3.11	\$3.26	\$3.41	\$3.55	\$3.67	\$3.77	\$3.84	\$3.88	\$3.91	\$3.93
1	65.	\$3.00	\$3.17	\$3.35	\$3.55	53.75	\$3.94	\$4.10	\$4.22	\$4.31	\$4.37	\$4.40
1	70	\$3.02	\$ 3.21	\$3,43	\$3.67	\$3.94	\$4.21	\$4.47	\$4.68	\$4.85	\$4.96	\$5.03
1	75	\$3.04	\$3.24	\$3.48	\$3.77	\$4.10	\$4.47	\$4.85	\$5.20	\$5.50	\$5.72	\$5.86
	80	\$3.05	\$3.26	\$3.52	\$3.84	\$4.22	\$4.68	\$5.20	\$5.73	\$6.22	\$6.63	\$6.92
1	85	\$3.06	\$3.28	\$3.55	\$3.88	\$4.31	\$4.85	\$5.50	\$6.22	\$6.98	\$7.67	\$8.22
5	90	\$3.07	\$3.29	\$3.56	\$3.91	\$4.37	\$4.96	\$5.72	\$6.63	\$7.67	\$8.73	\$9.68
9	95	\$3.07	\$3.29	\$3.57	\$3.93	\$4.40	\$5.03	\$5,86	\$6.92	\$8.22	\$9.68	\$11.16
1	00	\$3.07	\$3.30	\$3.58	\$3.94	\$4.42	\$5.07	\$5.96	\$7.12	\$8.62	\$10.46	\$12.49

OPTION 3

Monthly Installments for each \$1,600 of Proceeds Option 3 - Life Income with Payments Guaranteed

	Age	Payce	Gu	aranteed		Age	of Payer		arentee		Ag	of Payer	G	aranteed	
	Last	inthday	1	Ycan		Last	Birthday		Year IIS	20		t Birthday e Ferna		Year	20
		Female	10	15	20	Maio	remak	10	13	1 20	Ma	e rana	E 10	15	20
	5&	10 &	1	1		1	1		1	.	_		1		_
	under	under	\$2.33	4		35	40	\$2.75	1 .				\$4.3	4	
	6	11	\$2.33			36	41	\$2.78				71	\$4.48		
	7	12	\$2.34	\$2.34	\$2.34	37	42	\$2.81	1 -			72	\$4.59	1	
	8	13	\$2.35		\$2,35	38	43	\$2.83				73	\$4.71		
	9	14	\$2.36	\$2.36	\$2.36	39	44	\$2,86	\$2.86	\$2.8	5 69	74	\$4.83	\$4.63	5 \$4.40
	10	15	\$2.37	\$2.37	\$2.37	40	45	\$2.89	\$2.89	\$2.88	3 70	75	\$4.96	\$4.75	5 \$4.47
	11	16	\$2.38	\$2.38	\$2.38	41	46	\$2.92	52.92	52.9	71	76	\$5.10	\$4.86	\$ \$4.54
	12	17	\$2.39	\$2.39	52.39	42	47	\$2.96	\$2.95	\$2.94	1 72	77	\$5.24	\$4.97	\$4.61
	13	18	\$2.40	\$2,40	\$2.40	43	48	\$2.99	\$2.99	\$2.97	7 73	78	\$5.39	\$5.07	\$4.68
Ì	14	19	\$2.41	\$2.41	\$2.41	44	49	\$3.03	\$3.02	\$3.01	74	79	\$5.55	\$5.18	\$4.75
•		····													
-	15	20	\$2,42	\$2.42	\$2,42	45	50	\$3.07	\$3.06	\$3.04	75	80	\$5.71	\$5.29	\$4.81
ı	16	21	\$2.43	\$2.43	\$2.43	46	51	\$3.11	\$3.10	\$3.08	76	81	\$5.87	\$5.40	\$4.87
	17	22	\$2.44	\$2.44	\$2.44	47	52	\$3.15	\$3,14	\$3.12	77	82	\$6.05	\$5.51	\$4.92
	18	23	\$2.46	\$2,45	\$2,45	48	53	\$3.19	\$3.18	\$3.16	78	83	\$6.22	\$5.61	\$4.97
-	19	24	\$2.47	\$2.47	52.46	49	54	\$3.24	\$3.22	\$3.20	79	84	\$6.40	\$5.72	\$5.02
-				*											
ſ	20	25	\$2.48	\$2,48	\$2.48	50	55	\$3.29	\$3.27	\$3.25	80	85	\$6.58	\$5.82	\$5.06
-	21	26	\$2.49	\$2.49	\$2.49	51	56	\$3.34	\$3.32	\$3.29	81	86	\$6.77	\$5.91	\$5.10
1	22	27	\$2.51	\$2.51	\$2.50	52	5 7	\$3.39	\$3.37	\$3.34	82	87	\$6.96	\$6.00	33.13
1	23	28	\$2.52	\$2.52	\$2.52	53	58	\$3.45	\$3.42	\$3.39	83	88	\$7.14	\$6.09	\$5.16
L	24	29	\$2.54	\$2.54	\$2.53	54	59	\$3.50	\$3.48	53.44	84	89	\$7.33	\$6.16	\$5.18
_															
	25	30	\$2.55	\$2.55	\$2.55	55	60	\$3,56	\$3.53	\$3,49	85	90	\$7.51	\$6.24	\$5.21
ı	26	31	\$2.57	\$2.57	\$2.57	56	61	\$3.63	\$3.59	\$3.54	86	91	\$7.69	\$6.30	\$5.22
	27	32	\$2.59	\$2.59	\$2.58	57	62	\$3.69	\$3.66	\$3.60	87	92	\$7.87	\$6.36	\$5.24
	28	33	\$2.61	\$2.60	\$2.60	58	63	\$3.76	\$3.72	\$3.66	88	93	\$8.03	\$6.41	\$5,25
L	29	34	\$2,62	\$2.62	\$2.62	59	64	\$3.84	\$3.79	\$3.72	89	94	\$8.19	\$6.46	\$5.26
_															
Г	30	35	\$2.64	\$2.64	\$2.64	60	65	\$3.91	\$3.86	\$3.78	90	95	\$8.34	\$6.50	\$5.26
	31	36	\$2.66	\$2.66	\$2.66	61	66	\$3.99	\$3.93	\$3.84	91	96	\$8.48	\$6.53	\$5.27
I	32	37	\$2.68	\$2.68	\$2.68	62	67	\$4.08	\$4.01	\$3.91	92	97	\$8.61	\$6.56	\$5.27
	33	38	\$2.71	\$2.70	\$2.70	63	68	\$4.17	\$4.09	\$3.98	93	98	\$8.73	\$6.58	\$5.27
1	34	39	\$2.73	\$2.73	\$2.72	64	69	\$4.27	\$4.18	\$4.05	94	99	\$8.84	\$6.60	\$5.27
1	- 1	- 1	l	1	- 1		- 1	- 1	- 1		95 &	100 &	- 1]	- 1
L				1		i_					over	over	58.94	26.61	35.27

If the income psyable for a specific guaranteed period is equal to that for other guarantee periods the longer period will be deemed to have been elected.

Life 4608

Page 9

•		
•	•	
	-	
·	_	
THIS PAGE INTENTIONALLY LEFT BLANK		
INIO PAGE INTENTIONALLI LEPI DLANK		
		3
		:
		{

NATIONWIDE LIFE INSURANCE COMPANY

ENDORSEMENTS (Endorsements may be made only by the Company at the Home Office)

Lifo 4608

				- গ্র				441	1 44 1	14441		•
							E INSUF					
			VAOITAN E	NIDE	LIF	EAND	ANNUIT	Y IN	SUR			
	spicado ARTA	n for info insumo	LA .						: •	P 0.80	102835 Cour	ous, Ono 43218-2835
1		POSED RRIMAR	Y-IKSURED ^J									
1	Nam	e (Faral, M.C. Land)	Gary H.	2 ←~	1241	لسناة	FR.		۵.	Social Se	comity Number	
1	Resid	tence Street Addi	ses (include city			de)						
9	Coun	y ·	heldec		- 1	Date of	Trib.				of Byth	
÷	Sex) I	ş.i.gor	by Patrick		34	1)		Jichracia.	of Issue
F	Ø 1	u D F er Name (d applic	1 Age	1 0	cuczia	50	<u>e</u>		G. E	mpioyee*		
		NA			. V.	Mrc_Lys	وتحكت	10		1 axi	patan	
п.		oupsed and under fed: [] No			ej U.S	ap(BoΩe), □ Ci	DANS FORM) Othe	enes)	p: Ho	riong have you	Wenn the U.S?
Q.	Telep	hope (Home):	1 8	ini kel	io cal	TO P.M.	s Tele	phace (Busines	#	t Sest ba	Maria (ADP/PM
Ž.	PRO	OFFO DESIGNATION	LICENTAPONI				-					
	Ä	ANEOF URED(5)	DATE OF BIRTH	AGE	5EX	HEIGHT	WEIGHT		EOF TH		L SECURITY UNBER	RELATIONSHIP TO INSURED
		7								:		
										•		
1			OSED INSURED				DN (Comple	to al app	Acable).		·
4	Reside	ente Street Addre	ss (include city, s	taba and	ap cod	6) %: .						
b	Forme	r Namo (d'applica	icie):	C	Occupat	ØN·		- 1	Emg	loyet ·		
,	Draves	License & and S	tate of Issue	·		County					g Mental Sta	ध्यः
h		u read and under					obnat Foreign	Supple Other		j. How	long have you b	een in the US?
k.	Teleph	na 🗀 Ho one (Home)		est bone		C) Can		phone (.	za. Best terre	
<u>. </u>), R. The Pomers	langed (had ha	unda in		4 /PM	el well own th	a cober	mbre:	adeated he	a if the Owner	is a Trust, complete
	the Tru	al Information Sa	ction below.)									
		First, MI, Lastfo							ľ	Social Secu	nty Number or T	ax iO
	Residen	roe Street Addres	is (include oily, sti	tte and	zp code) -				•		1
3	County	•	a Relations	stap to t	mured(s)	1 Teles	choice N	unber	9	Date of Buts	
	y comp		r traditional lite poi	clay on	knepře Kespř		whee apply		essers D			Disability Benadits)
-	Yord 🗀	homelyn (Please	subset care of Re	7 000	mashe	nanes of T	net discusse	41				
		XACT NAME OF	subout copy of Br FTRUST:	T	TRU	ET TAX JMBER:	Ī	CURF	EXT TE	USTEE(S)		DATE OF TRUST
		\$		上	ID IN	/#ULN.						
		est Me Less							b 5	oriol Carani	ly Humber or Ta	
										OC141 30001	y municer or 12	
		co Strant Address	finalide city, sin	m mod z	p code)	·						
C	county		a Ratational	ni ed qe	122 4 0(1)		f Telepi	oos Ne	oper	9-	Date of Brisk	
473 (5-21					Page	1.					(12/2002)

6. LIFE INSURANCE PLAN	
as. Plan fil a Vanable Life product is being applied for, the Vanable Life	Fund Supplement MUST be completed in conjunction with this application.)
67:10	and a ship of the same of the
	chos Rider Amount: d Supplemental Coverage Perceptage
(including Additional Protection Rules) [Individual Life of	
\$500,000	
8 Initial Premium Deposit:	n for availability)
(paid with application) [3] Single Premeum \$	□ Semo-Annual S
Aresunt: \$	20 Quarterly \$ 197.43
S 200.00 II Monthly EFT (Complete F	
FOR INDIVIDUAL VARIABLE UNIVERSAL LIFE PLAN ONLY (Check p	NAME OF A VARIABILITY
g Death Benefit Option (if no option is salocted here. Option 1 is elected	
 Option 1: (The Specified Amount, or a molitple of the Cash Val- 	pe whichever is greater):
Option 2 (The Specified Amount, plus the Cash Value, or a mu	ibele of the Cash Value, whichever is creater 1
D Octoo 3 (The Specified Amount, this the Premium Accumulation	on st% interest or a antifole of the Cash Value, whichever is greater)
by Johanna I Paramera Coda Lufa Inguranca Oral Stration Tart 6/40 catalog	on it made here, Guideline Premium Cash Value Corndor Test is elected).
The Contraction Court and produce Commenced rest by the effects	IN IN MACHINER, GOLDONIN PTERMINIPLASII YALUS CONTROL 1851 IS CIRCINO).
C Garillating Processors Carth Volum Contider Treat	Clean Value Accumulation Test
L Opinional Benefit Perform	
Cl Accidental Death Benefit Flider \$	Malority Extension Endorsement for Specified Amount:
Adjusted Sales Load Rider	D Premeum Warver Rider \$
% ha whole percentages only) waved foryears	□ Spourse Rider \$
Child Rider's	I.I. Warrer of Monthly Deduction Rider:
Long Term Core Rober' \$	C Other Rudgi(s)
, Complete Suppleme	ni for Long Term Care Rider
FOR SURVIVORSHIP LIFE PLAN OHLY (Check plan for evenbludgy)	
) Doath Benefit Option (Uno option is selected here, Option 1 is elected	1
Option 1 (The Specified Amount, or a multiple of the Cash Valor	
Cl Option 2 (The Specified Amount plus the Cash Value, or a mult	o, makenow is glockery.
Colors 3 (The Soucified Amount plus the Cash Value, or a think Colors 3 (The Soucified Amount plus the President Accuration)	was to the Costs value was never as greater it
C) Charita (Lita sharrings tothors has see successibly Optimised St	is at% Interest or a multiple of the Cush Value, whichever is greater).
k Internal Revenue Code Life Insurance Qualification Test (If no selection	ns made hern, Guideline Premium/Cash Value Comdor Tast is elected):
Cl Gridelina Premum/Cash Value Comdos Test	El Cash Value Acremulation Test.
L. Optional Banadi Riders	
Cl Adjusted Sales Load Roter	D Mationly Extension Endorsement for Specified Amount
½ (in inhole percentages only) walved foryears.	CL. Policy Split Option Rider
☐ Esiate Protection Roder \$. C) Other Rider(s):
FOR UNIVERSAL LIFE PLAN ONLY (Check plan for availability.)	
m: Deam Benefit Oping (if no oping is associed here Oping 1 is elected.)	
O Option 1 (The Specified Around, or a multiple of the Accumulates	
The Cracket Amount of the Amou	C VALUE, WINCHOUS IS STREET,
☐ Option 2 (The Specified Amount plus the Accumulated Value, or	a months on rue wcchruestrap Anne muchelastra Outstell,)
 internal Revenue Code Life Insurance Outsidication Tast (if no swiechon) Guideline Premium/Cash Value Comdon Test: 	
	st made here. Guideline Premium/Cash Value Corndor Test is elected.):
	III interes Guideline Premium/Cash Value Corndor Tost is elected.): [3] Cash Value Accumulation Test
Ophonel Benefit Riders	C3 Cash Value Accomulation Test
Optionel Brne fit Rufers O Accidental Oesth - Amount 5	II mitte here Guodeline Premium/Gash Value Corndur Test is elected.): II Cash Value Accumulation Test II Malumly Extension Endorsement for Specified Amount
Optional Bane lik Ruters Cl. Accidental Oeath - Amount S. Cl. Child Rider S.	C3 Cash Value Accomulation Test
Optionel Benefit Rufers II Accidencel Oeath - Amount \$ II Child Rider \$ II Guaranteed Option to Increase Specified Amount \$	Cash Value Accumulation Test Maturity Estension Endorsement for Specified Amount Spouse Rider \$
Optional Bane lik Ruters Cl. Accidental Oeath - Amount S. Cl. Child Rider S.	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Rider \$
Opionel Benefit Rufers Classification (Control of State Control of State	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Rider \$ Warrer of Monthly Deduction Rider
O Opionel Benefit Fiders I Accidental Oesth - Amount \$ II Child Rider \$ II Guarantaed Opion to Increase Specified Amount \$ II Lepse Protection Rider OR WHOLE LIFE PLAN CHLY (Check plan for availability)	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Rider \$ Warrer of Monthly Deduction Rider
O Opionel Benefit Riders I Accidental Oesth - Amount \$ II Accidental Oesth - Amount \$ III Child Rider \$ III Guarantused Opions to Increase Specified Amount \$ III Lepsa Profection Rider OR WHOLE LIFE PLAN ORLY (Check plan for availability) Optonal Benefit Riders	Cash Value Accumulation Test Makinity Extension Endorsement for Specified Amount Spouse Rider \$ Wanter of Monthly Deduction Rider Other Rider(s).
O Optional Benefit Ruders I Accidental Oesth - Amount \$ II Child Rider \$ III Child Rider \$ IIII Child Rider \$ IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Rider \$ Warrer of Monthly Deduction Rider
O Optional Benefit Rufers O Accidencial Oeath - Amount \$ C Child Rider \$ Guarantaed Option to Increase Specified Amount \$ U Legas Protection Rufer OR WHOLE LIFE PLAN ORLY (Check plan for availability) Optional Benefit Riders I 10 Year Spouse Rufer \$ 20 Year Spouse Rufer \$	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Roter \$ Wener of Monthly Deduction Roder Cather Roter(s) Generalized Insurability – Amount \$ Owner's Desth (Compilie Part 8, \$14 for Owner)
O Optional Benefit Ruders I Accidental Oesth - Amount \$. C Child Rider \$. C Child Rider \$. C Lapsa Protection Ruder. CR WHOLE LIFE PLAN CHLY (Check plan for availability) Optional Benefit Riders I 10 Year Spouse Ruder \$. 20 Year Spouse Ruder \$. C Accidental Desth - Amount \$.	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Roder \$ Weiter of Monthly Deduction Roder Other Roder(s) Guaranteed Insurability – Amount \$ Owner's Destit (Compilete Part 8, 814 for Owner) Owner's Destit (Compilete Part 8, 814 for Owner)
Optional Benefit Fuders Accidental Death - Amount \$ Clickle Sale	Cash Value Accumulation Test Maturity Estension Endorsement for Specified Amount Spouse Roles \$ Werer of Monthly Deduction Roder Cater Roles(s) Guaranteed insurability – Amount \$ Owner's Desth (Complete Part 8, #14 for Owner)
Optional Benefit Fuders Child Rider S Child Rider	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Rober \$ Weiter of Monthly Deduction Rober Other Rober(s) Guaranteed Insurability – Amount \$ Owner's Desth (Complete Part 8, 814 for Owner) Owner's Desth of Disability (Complete Part 8, 814 for Owner)
Optional Benefit Fuders Accidental Death - Amount \$ Child Rider \$ Gurrantsed Option to Increase Specified Amount \$ Lapse Protection Rider Rider Burnantsed Option to Increase Specified Amount \$ Child Riders 10 Year Spouse Rider \$ 20 Year Spouse Rider \$ Accidental Death - Amount \$ Child Rider \$ Excess Credit Option	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Roder \$ Weierer of Monthly Deduction Roder Other Roder(s) Guaranteed Insurability – Amount \$ Owner's Death (Complete Part 8, 814 for Owner) Owner's Death or Disability (Complete Part 8, 814 for Owner) Waver of Premium Benefit Other Roder(s)
Optional Benefit Fuders Accidental Cesth - Amount \$ Child Rider \$ Generalized Option to Increase Specified Amount \$ Lapse Protection Ruder CR WHOLE LIFE PLAN CHELY (Check plan for availability) Optional Benefit Fiders General Center \$ 20 Year Spouse Rufer \$ Accidental Death - Amount \$ Child Rider \$ Excess Credit Option If available, issue with Antorratic Prematica Loan,	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Roder \$ Weierer of Monthly Deduction Roder Other Roder(s) Guaranteed Insurability – Amount \$ Owner's Death (Complete Part 8, 814 for Owner) Owner's Death or Disability (Complete Part 8, 814 for Owner) Waver of Premium Benefit Other Roder(s)
Optional Benefit Fuders Accidental Death - Amount \$ Child Rider \$ Gurrantsed Option to Increase Specified Amount \$ Lapse Protection Rider Rider Burnantsed Option to Increase Specified Amount \$ Child Riders 10 Year Spouse Rider \$ 20 Year Spouse Rider \$ Accidental Death - Amount \$ Child Rider \$ Excess Credit Option	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Roder \$ Weierer of Monthly Deduction Roder Other Roder(s) Guaranteed insurability – Amount \$ Owner's Death (Complete Part 8, 814 for Owner) Owner's Death or Disability (Complete Part 8, 814 for Owner) Waver of Premium Benefit Other Roder(s)
Optional Benefit Fuders Accidental Opean for Increase Specified Amount S Clickle S Cli	Cash Value Accumulation Test Maturity Extension Endorsement for Specified Amount Spouse Roder \$ Weierer of Monthly Deduction Roder Other Roder(s) Guaranteed insurability – Amount \$ Owner's Death (Complete Part 8, 814 for Owner) Owner's Death or Disability (Complete Part 8, 814 for Owner) Waver of Premium Benefit Other Roder(s)
Optional Benefit Fuders Accidental Option to Increase Specified Amount \$ Clickle Sale option to Increase Specified Amount \$ Clickle Sale option to Increase Specified Amount \$ Clickle LIFE PLAN ORLY (Check plan for availability) Optional Benefit Fuders 10 Year Spouse Ruler \$ 20 Year Spouse Ruler \$ Accidental Death - Amount \$ Child Ruler \$ Excess Credit Option If available, issue with Antornatic Promitte Loan, OR TERM LIFE PLAN ORLY (Check plan for availability) Optional Benefit Fuders	Cash Value Accomulation Test
Optional Benefit Riders Accidental Opion to Increase Specified Amount \$ Child Rider \$ Guaranteed Opion to Increase Specified Amount \$ Chicago Profestion Rider Guaranteed Opions to Increase Specified Amount \$ Chicago Profestion Riders Fig. 10 Year Spouse Rider \$ Display Profestion Riders Fig. 20 Year Spouse Rider \$ Accidental Death - Amount \$ Child Rider \$ Excess Credit Option If available, issue with Automatic Premates Loan, OR TERM LIFE PLAN OHLY (Check plan for availability) Optional Benefit Riders Fig. 19 Year Spouse Rider \$	Cash Value Accumulation Test
Optional Benefit Riders Accidental Option to Increase Specified Amount \$ Child Rider \$ Gurrantzed Option to Increase Specified Amount \$ Legase Protection Rider Child Rider \$ Child Riders Optional Benefit Riders Optional Benefit Riders Optional Benefit Riders Optional Benefit Riders Optional Child Riders Optional Child Riders Optional Child Riders Optional Benefit Riders	Cash Value Accomulation Test
Optional Benefit Riders Accidental Oeath - Amount \$ Child Rider \$ Child	Cash Value Accomulation Test

T. ELECTRON	C FUNDS TRANS	FER AUTHORI	ZATION					~~~	
Financial Institution						Financial (mbb	itan Phoce Numb	<i>ω</i>	
Financial Instituto	n Addrest								
Account Humber						A Norpher			
Monthly EFT Amo			0	'Sames	(Attach a Vo	ratural Dissousia Stars	with account numb	tecks will not be ac ter and routing mum	zber.)
Insurance Compa	my to maturia debel e	entries to my chi	ecting/save	ion, I hereb	y suthonze h Indicated ab	ishomade tufe ins ove and the Finan	urance Companyi cal Institutors to d	Nationwide Life and ebd the same such	d Anount account
A. =BENEFICIA	RY DESIGNATION	8 (M Joint Pla	n, specify o	iech Prinsi	y insured's b	enefoury designs d will be made in	Honeys #19, # A	ecessary When or on hall to the task mation Section bel	מכלו פוניי מתמונונט
% PRIMARY		₿Ê	HEFICIARY HAME	f	DAT	eof re	Lationship Misured(8)	SOCIAL SECUI NUMBER	RITY
	macy insured						·····		•
	<u> </u>	WILLAM				1/2	Serve (Burre)		5
0	13	Medes					7	~·	<u> </u>
D.	ured (Join/Spouse		ACM7-	draz.			22.2		
b Proposed ins	D D	 			T .				
		ļ							
	0								
c. Trust Informa	ton					·····			
EXAC	T NAME OF TRUS	अ		IT TAX		CURRENT TRU	STEE(3)	DATEOFT	RUST
					<u> </u>				
	omeans other than	the instruct(s) t	or the Owns	ris to be be	ed for the pr	emum for this pol	cy)		
a. Name (First, I	iti, Lesi)			•					
b. Residence Sir	reel Address (inchr	de city, state en	d zap code)						
10. INSURANCE	INFORMATION	***************************************							
a Wit any Life is	SECURICIE OF ARTIN	bes for this or a	rry other co	anpeny be r	epiaced, disc	continued, raduce	d or changed if in	summe now applic	ed for is
seeneds 3	☐ Yes 🎾	No (If yes	please co	mplete spp	opnale repl	icement I ma	is 50 ANGOMOTEKON Hannard The Chan	venue Code Section of the term policy	N 1033
Exchange, pla	lase check Above A ting the entre amo	and edition force i	ROMERE AT LESS Conference Colombia	12 12 13 14300X	HARRE FAITE C	annesiun anu yu ma andrabas i	G M. A. INV. THE CRIM	M OF BIN COLD POSC)	, a you
b Do you curren	thy have any Life in	CUTACOS OF ADDS	akes to loco	27	Yes	O No (#	yes, please list be	low }	
PERSON	COMPANY	POLIC NUMBE	Υ	AMOUNT	YEAR	ACCIDENTAL DEATH	NW TERM CONVERSION	TO BE REPLACED	1035
		2	8		T	\$		☐ Yes ☐ Ho	0
	1 / 2/	Y	3			\$		☐ Yes ☐ Ho	
	I M.H	-	- \$			\$		☐ Yes ☐ No	
	1 1/1/	_	3			\$	0	☐ Yes ☐ No	
			<u> </u>		 	\$		☐ Yes ☐ No	片
	 				 		 	O Yes O No	-
ta murantana h	here proposed for o		eben for I	da lagración	or Angeles	with now other or		yes 1	
is any person i (Nyea, please)	nere proposed for a provide seme of co	useraya nuar eq Intoariy, amouni	epoled for	and purpose	of coverage	<u>)</u>			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									[
									

L-4736-21

PARTB .										
11. PERSONAL INFORM	MONTA									
All questions are to be a details below.		Proposed Insured. For	each yes answer, ;	provide	INSL	OSED JRED	PRO INS	epouse Posed Ured	1 4	HILD
a Have you ever had an	y application for Life	or Health Insurance for I led-up or traded? [I] yes	of remstatement for L	ile or	Yes	No.	Yes	No.	Yes	No.
b Have you ever applied provide details)	for or received disa	bikly payments for any ea	here or extrest, (1) her	;	O	8	0	B	0	ba'
flying as a piot, stud molocycle or any h gilding parachuting, firealening sport? (fent pilot, or craw me ype of molor-powere sky diving-bungee llyes-complete an i	r do you infand to engage imber, organized racing o d velucle, scuba diving, in jumping, or any type of bo luestion/fezardous, Activi	f an automobile; tourism chabing, har dy-contact or life- les Questionnaro I		Ö	Ø	O	86	D	d
white impacted or interest violation? (if yee, provi	calod, or been convi de details) :	pended or revoked or be cled in the past 3 years o	mote than one mova	ng	מ	8	, ,	Ø	D.	13
possession of cocaine (or any other narcotic	ou ever used, or been co or isegui drug? (Il yes, c	omplets Drug		0	Ø	٥	æ	_, 0	ß
f. Have you ever been ch	arged with a violation	of any comina) law? (If	res, provide delsita):			O		8		व
against you at the broat	(if yes provide del	years or have any suris- lads.)		N.	_	D	O.	OR .		d
Supplement for Foreign	Nationals or Travel)	United States or Conada?			_	8	Ω.	2	П	Ø
complete Alliany Status	Questiannaire I	or reaerive mibility or may	• • •			Ø	D	द्रा	۵	a .
[i Do you have a parent or [ii you provide relations cancer, provide type] Datasis of anylyse answers	hyp to Proposed Insu	n cancar or cardiovascula rod(s), oge at death and s	cause of death, and d	b.		2		त	0	ø
F. Corny thank	, Lapilett	2001: Civil Act	whiteoub-1c		54			- 		
12. TOBACCOUSE (···	
PROPOSED INSURED: Have you used tobecco of yes, specify the form of b. JOHUSPOUSE PROPO	tobacco er nicotina p	rodocts used 🛚 🚨 og:	Yea: CV No- arctico: CJ papo- er lotaccoo CJ neco	□ ∞	ors.	0 4	muno lob	2 D	No S sned	
Have you used tobucco or If yes, specify the form of	r nacobne in priy form lobacco or racodne p	roducts used: 🔯 aga	Yes (1 No irelies D pipe ir lobacco D occi	D og	ur.	CI di	dwore tob	2000 I	do Burna l	
13. PHYSICAL MEASUREME	NIS }	WEIGH	7							\exists
Proposed busined	HEIGHT	CURRENT 130 bs	1 YEAR AGO	REAS	ON P	OR WE	IGHT GA	IN OR LO	33	
TE PERSONAL METERIANS		144 40. 1	18603							
		SEO WALMED	JOHNT/SPOUSE PR	OPOSEA	Mari	en i		DA CALL	^	-
Name of Personal Physician	De Vietas	Gerden		<u> 5069</u>	7-001			ALL CHIL	٣	-1
Addrese:		M. M. 48376				7				7
Telephone Humber		10.1								-
Date last consulted	03/03									-
Reason last consuled	Klokenir	١.								4
Treatment given or medication prescribed.		7 - Predmisune	_	~~~		1				1
-4738-21		Fage								J

115 MEDIC	AL COUESTIONS /								
"All careeting	e and to be (Damered)	w each Pennosed Insur	ed. For each yes answer, circle the			JOINT	ISPOUSE		
san doubles	hem and provide detail	le la #17		1	POSED		POSED	1 /	WY
abbiobura	tient must broade dates	D 41 #12.	1 4	INS	URED		WRED.) C	HILD
To the best	al your knowledge and	beset, has anyone ben	proposed for insurance consulted a	·		176	NUCU.	·	
member of t	se medical profession fo	r, been bested for, laten	medication for, or been diagnosed as	- Van	No	. YA	. No	1 744	No
having ·	1			1	110	1	,,,,,,	1 ,	
	respect terrore Coffee	ery Syndroma's or pacetys	ed positive results of an HIV (Human		Ø		1		07
المنعد م	de Common and South Continues	and a comment of the state of	them Diet Tracken Consumer?	-	-	-	_	1 -	_
Immuno	CENTRACY AND HER ON	uli an errov-errovana:	tern Blot Testing Sequence?	+	Ø		Ø	 	72
p Kente	sicassa anchuding beart att	eck, angula, or coller ches	st pass, high blood pressure, shortness	п	K1	0	W	_0	. 10
of breat	a, paleitaboes, heart euro	mur, objetute, or arry othe	or disorder of the heart or blood	1		1		1	
vessels				1		i		1	_
		Andre Alphanesele cheese	e, Parkinson's disease, multiple:	a	d		Ø	0	
a Headaci	nest comment absolution	TOTAL VETTERNAL 3 (104.62)	S' Loverzénia entrabel senthas.	-		-	_	! ™	12.5
SCISIOSI	, or any other boxes or ne	HAORE DECLOSES		!					
d Dépress	ion, neurosis, allective di	isordius, payernosia, or arry	Giver mental disorder?		·Œ	0	22		凶
+ Asthma	emphysems, chrossc bro	podažis, tubercujosis, or s	ny other disease of the lungs or		OK.	O	Ø		Ø
	vy system?		•	1	,			ł	,
Cabba	Share annual bank distribute	maril Mandan at any of	her disease or disorder of the		_E_	7	<u> </u>	a	74
f Cohes u	THE PERSONAL PROPERTY.	tomes manners N. no work or	ion enteres os antenes as sus	-		. ~	-	-	_
+50pha0	us or algestive tract?			-					
g Sugar, p	poblers or blood an this one	w, lockey slokes, semuit)	y transmitted disease, or any other	Į U.	8	O	Ø		Ø
054250	reaction will lo teknotes yo	, blacker, prostate, breas	t, orinary tract or reproductive	l				Ī	
system?			•	1	_ ,			Ì	
		water desert of the Eu	M, pancreas, or Byroid?	0	6 .		Ø	- 0	1
h Diabeles	COPPERA, CHIERRAS CT DE	A AN IES OFFICE OF A CHILD EA	the state of the s	H	7	7	M	ä	7
	is any meagnest or bing	In insurance on chief or such co	ronic disease of the skin or lymph-	"	-		:11.	ы	4
giands?	·								
t. Arthotis,	the unitational artifacts, asset	oporosis, or any persiyals	or chronic back or muscle	0	ø		ď		10)
condctos				ļ .	_ , }				
	m, amonte edificies, de	many as habitation and		0	e .1	0	70.	<u> </u>	Q.
A. AKEKEK	III, SANKOO BALLIAN, ISA	day a march		ਰ	7		ਰਾਂ	6	- 2 -
LATYMEN	est describe of the tre	S. SOLE UCH IN SECOND			LG [- 1.4	<u>.u</u>		- 14
16. SUPPLE	MENTAL MEDICAL INFO	ORMATION							
All milesters	Tru to be recovered by	and the second but in	. For each yes answer, circle the		1	309106	POULE		-
		Annel & Shinkship branes							
			· · · · · · · · · · · · · · · · · · ·	PROPO		POND	OCED:	AN	
sppropriste it	em and provide delate	in#17.	·	INSU			OSED		LD .
appropriate it. To the best of		in#17.	rrs, has pnyone here proposed for	INSUI	B	URKI	RED	CHI	LD
appropriate it To the best of insurance.	your knowledge and I	in #17. belief, in the past 5 yes	irs, has anyone-here proposed for	WSUI Yaa,	No.	Yes Yes	No No	CHI Yes	LD No
appropriate it To the best of insurance.	your knowledge and I	in #17. belief, in the past 5 yes	·	INSUI	No.	URKI	RED	CHI	LD
appropriate it To the best of insurance, a Consider	f your knowledge and I t or been examined or in	in \$17. belief, in the past 5 yes ealed by any physician, o	irs, has anyone here proposed for hisopractor, or other medical	WSUI Yaa,	No.	Yes Yes	No No	CHI Yes	LD No
appropriate it To the best of insurance. a Consulted precisions	if your knowledge and I i, or been examined or in ir or by any hospital, clim	in #17. beled, in the past 5 year ented by any physician, or o, or other medical facility	irs, has anyone here proposed for hisopractor, or other medical not already disclosed on this	WSUI Yaa,	No.	Yes Yes	No No	CHI Yes	LD No
appropriate it To the best of insurance. a Consulted processore application	il your knowledge and it i, or been exammed or in ir or by any hospital, clan it? (If it was for a "check	In #17. belief, in the past 6 year cated by any physician, or in, or other medical facility up", annual physiciat, any	irs, has anyone here proposed for hisopractor, or other medical	WSUI Yaa,	No.	Yes Yes	No No	CHI Yes	LD No
appropriate it To the best of insurance. a Consulted practition application and olve it	If your knowledge and I I, or been examined or in it or by any loopstal, chin it? (If it was for a "check indinity and secution III!	In #17. belief, in the past 5 year collect by any physician, or cor other medical facility pp*, anount physiciat, any 7)	irs, has anyone here proposed for hisopractor, or other medical not already disclosed on this obsyment physical, etc., so state	Yes,	No.	Yes U	NEO No EJ.	Yes	No □
appropriate it To the best of singurance. a Consulted procedure application and give it b. Hardany r	I your knowledge and I I, or been examined or in ir or by any hospital, chin is If it was lone 'check indiggrand seasify in III'	in #17. beliel, in the past 5 year ented by any physician, it c, or other medical facility up*, accuse physicial, emp 7) or poecision not already of	irs, has anyone here proposed for histogractur, or other medical not already disclosed on this objurient physical, etc., so state included on the medical or the	Yes,	No I	Yes CI	No U	Yes	₽ P
appropriate it To the best of singurance. a Consulted practions application and give it b. Hard any of c. Hed any x	if your knowledge and it if, or been examined or in or or by any loopatal, clan is? (If it was for a "check includer and sensity in its leases, phondist, many, of 48ys, characteriogness	in #17. beliel, in the past 5 year ented by any physician, it c, or other medical facility up", accuse physicial, emp 7) or poecision not already of	irs, has anyone here proposed for hisopractor, or other medical not already disclosed on this obsyment physical, etc., so state	Yes,	No.	Yes U	NEO No EJ.	Yes	No □
appropriate it To the best of insurance. a Consider praction application and give it b. Had any x this apple	I your knowledge and I I or been examined or in in or by any boopstal, can be fit was for a "check indiggrand sensity in III" leasess, provider, many, ("ays, piechecandogmon abon?"	In #17. belief, in the past 5 year c, or other medical facility up", account physical, emy y operation not almostly of u, or other medical facility properation not almostly of u, or other medical facility	ins, has anyone here proposed for histogractor, or other medical posterior disclosed on this obstant physical etc., so status is closed on the proposed on the section of the proposed on the section of the proposed on the section of	Yes, Od:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Yes C	No III	Yes	D
appropriate it To the best of insurance. a Consider praction application and give it b. Had any x this apple	I your knowledge and I I or been examined or in in or by any boopstal, can be fit was for a "check indiggrand sensity in III" leasess, provider, many, ("ays, piechecandogmon abon?"	In #17. belief, in the past 5 year c, or other medical facility up", account physical, emy y operation not almostly of u, or other medical facility properation not almostly of u, or other medical facility	ins, has anyone here proposed for histogractor, or other medical posterior disclosed on this obstant physical etc., so status is closed on the proposed on the section of the proposed on the section of the proposed on the section of	Yes, Od:	No I	Yes CI	No III	Yes	₽ P
appropriate it. To the best of impurance, a Consulter practition application and give if the transport it is application and give it is application and give it is application and give it is application.	I your knowledge and I I or been examined or in in or by any bospital, chi- ing of by any bospital of the last of the chi- relation, provider, many, or "ays, chechecantegmon abon?"	In #17. betal, in the past 5 year c, or other medical facility up", account physical, emy y speculate not already of m, or other medical facility y surpery, hospitalization y surpery, hospitalization	irs, has anyone here proposed for histogractur, or other medical not already disclosed on this objurient physical, etc., so state included on the medical or the	Yes, Od:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Yes C	No III	Yes	D
sparoprists it. To the best of impuration, a Consider president application and give it. b. Had any it c. Hed any x this application and give it is specific to the sparoprist of flags made to the sparoprist of the sparoprist in	If your knowledge and it is not by any hospital, chin is fif if it was for a "check fedings and sensity in III! season, depocing many, executing and sensity in III! season, depocing many, executing and sensity advanced to have an our results flat you have an our results flat you have	in \$17. beled, in the past 5 year ented by any physician, or, or other medical facility ty, annual physical, any y speculated not almostly of m, or other medical tests in y surgery, hospitalization, not recover?	ins, has anyone here proposed for hisopractor, or other medical root already disclosed on this objurned physical, etc., so status included on the application? Or reasons not already disclosed on the application of the appl	Yes, OST	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Yes C	No III	Yes	D
sparoprists it. To the best of singurance. a Consulter precisions and give it. b. Had any of this appoint this appoint the complete complete.	If your knowledge and it is not by any hospital, chin is fif if it was for a "check fedings and sensity in III! season, depocing many, executing and sensity in III! season, depocing many, executing and sensity advanced to have an our results flat you have an our results flat you have	in \$17. beled, in the past 5 year ented by any physician, or, or other medical facility ty, annual physical, any y speculated not almostly of m, or other medical tests in y surgery, hospitalization, not recover?	irs, has anyone here proposed for hisopractor, or other medical cost already disclosed on this objurned physical, etc., so status included by the application? Or reasons not already disclosed on the arment or lost that was not.	Yes, Od T	ED D	Yes C	No D	Yes	₩ □
sparoprish it. To the best of singurance. a Consider precision and give it. b. Had any it. c. Hed any x. bits apple. d. fleathing it. Consider the second completes. COLUMN TO SECOND S	I your knowledge and 'i, or been examined or in it or by any boepital, chin is or by any boepital, chin is of the was for a "check include and sensitir in it!" season, decorder, insuly, of "any a check a check in a check a check in a consideration or resolve and or resolve and the SEDICAM, 1837-0837	in #17. betel, in the past 5 year called by any physician, or, or other medical facility up", annual physicial, any y appendicum not almostly of up or other medical facility y surpery, hospitalization, not recover? If none space is needed	ins, has anyone here proposed for histogractor, or other medical not already declosed on this objurned physical etc., so state included on the experience of the experience on the experience or less that was not an experience or less that was not an experience of less that was not of the experience o	Yes, 08-	iED	Yes C	No II	Yes	₩ □
sparoprists it. To the best of singurance. a Consulter precisions and give it. b. Had any of this appoint this appoint the complete complete.	If your knowledge and it is not by any hospital, chin is fif if it was for a "check fedings and sensity in III! season, depocing many, executing and sensity in III! season, depocing many, executing and sensity advanced to have an our results flat you have an our results flat you have	in \$17. beled, in the past 5 year ented by any physician, or, or other medical facility ty, annual physical, any y speculated not almostly of m, or other medical tests in y surgery, hospitalization, not recover?	irs, has anyone here proposed for hisopractor, or other medical cost already disclosed on this objurned physical, etc., so status included by the application? Or reasons not already disclosed on the arment or lost that was not.	Yes, 08-	iED	Yes C	No II	Yes	₩ □
sparoprish it. To the best of singurance. a Consider precision and give it. b. Had any it. c. Hed any x. bits apple. d. fleathing it. Consider the second completes. COLUMN TO SECOND S	I your knowledge and 'i, or been examined or in it or by any boepital, chin is or by any boepital, chin is of the was for a 'check include and sensitir in it! season, decoder, in any, o' rays, clearly advised to have an or resolve that you have on the SEDICAL, 1837-087	in #17. betel, in the past 5 year called by any physician, or, or other medical facility up", annual physicial, any y appendicum not almostly of up or other medical facility y surpery, hospitalization, not recover? If none space is needed	ins, has anyone here proposed for histogractor, or other medical not already declosed on this objurned physical etc., so state included on the experience of the experience on the experience or less that was not an experience or less that was not an experience of less that was not of the experience o	Yes, 08-	iED	Yes C	No II	Yes	₩ □
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in in or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" Season, decorded, in any it is a sensity advised to have an or season that you have on the weether that you have on the weether that you have an or season tha	In #17. betel, in the past 5 year ented by any physician, or o, or other medical facility up", account physicial, emp ?) y operation not already of a, or other excellent tests for y surgery, hospitalization, not recessed? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	₩ □
sparoprish it. To the best of singurance. a Consider precision and give it. b. Had any it. c. Hed any x. bits apple. d. fleathing it. Consider the second completes. COLUMN TO SECOND S	I your knowledge and 'i, or been examined or in it or by any boepital, chin is or by any boepital, chin is of the was for a 'check include and sensitir in it! season, decoder, in any, o' rays, clearly advised to have an or resolve that you have on the SEDICAL, 1837-087	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histogractor, or other medical not already declosed on this objurned physical etc., so state included on the experience of the profession? Or reasons not already declosed on the experient or lost that was not any acceptant think these may be assured.	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	₩ □
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in in or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" Season, decorded, in any it is a sensity advised to have an or season that you have on the weether that you have on the weether that you have an or season tha	In #17. betel, in the past 5 year ented by any physician, or o, or other medical facility up", account physicial, emp ?) y operation not already of a, or other excellent tests for y surgery, hospitalization, not recessed? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	₩ □
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in in or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" Season, decorded, in any it is a sensity advised to have an or season that you have on the weether that you have on the weether that you have an or season tha	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	₩ □
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in in or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" Season, decorded, in any it is a sensity advised to have an or season that you have on the weether that you have on the weether that you have an or season tha	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	₩ □
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in in or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" Season, decorded, in any it is a sensity advised to have an or season that you have on the weether that you have on the weether that you have an or season tha	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	₩ □
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in in or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" Season, decorded, in any it is a sensity advised to have an or season that you have on the weether that you have on the weether that you have an or season tha	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	LD
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in in or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" Season, decorded, in any it is a sensity advised to have an or season that you have on the weether that you have on the weether that you have an or season tha	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	LD
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in in or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" Season, decorded, in any it is a sensity advised to have an or season that you have on the weether that you have on the weether that you have an or season tha	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	LD
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in it or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" ***Example of the control of the was an or seasals that you have on the weekle that you have an OF MEDICAL, \$55,000.* **PERSON**	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	LD
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in it or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" ***Example of the control of the was an or seasals that you have on the weekle that you have an OF MEDICAL, \$55,000.* **PERSON**	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recover? DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	LD
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in it or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" ***Example of the control of the was an or seasals that you have on the weekle that you have an OF MEDICAL, \$55,000.* **PERSON**	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recorrect? DATES DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	LD
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in it or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" ***Example of the control of the was an or seasals that you have on the weekle that you have an OF MEDICAL, \$55,000.* **PERSON**	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recorrect? DATES DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	LD
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in it or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" ***Example of the control of the was an or seasals that you have on the weekle that you have an OF MEDICAL, \$55,000.* **PERSON**	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recorrect? DATES DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTRACTOR CON	No III	Yes C	No U	Yes	₩ □
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in it or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" ***Example of the control of the was an or seasals that you have on the weekle that you have an OF MEDICAL, \$55,000.* **PERSON**	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recorrect? DATES DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTROL OF CONTROL	No III	Yes C	No U	Yes	₩ □
sparoprists it. To the best of superace. a Consulter precision application and gives to the superace of the s	I your knowledge and it, or been examined or in it or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" ***Example of the control of the was an or seasals that you have on the weekle that you have an OF MEDICAL, \$55,000.* **PERSON**	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recorrect? DATES DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTROL OF CONTROL	No III	Yes C	No U	Yes	₩ □
spanoprists it. To the best of impures. a Consulter practices and give it. b. Had any at this application of the spanoprists of the spanoprists. d. GETALS GUESTION: 5 AND LETTER	I your knowledge and it, or been examined or in it or by any bospital, chin is or by any bospital, chin is of the was for a "check include and sensity in it!" ***Example of the control of the was an or seasals that you have on the weekle that you have an OF MEDICAL, \$55,000.* **PERSON**	In #17. betel, in the past 5 year co or other medical tackly up", annual physical, emp y superplace not almostly of up or other medical tackly up or other medical tasks for y surgery, hospitalization, not recorrect? DATES DATES	ins, has anyone here proposed for histopractor, or other medical not already disclosed on this obstimated physical, etc., so sistem included on this professional on the section of the se	Yes, OS TO COMPANY CONTROL OF CONTROL	No III	Yes C	No U	Yes	D C C C C C C C C C

-	•		001785710006	
PART	- 'c			
	XPAYER IDENTIFICATION	HUMBER	· · · · · · · · · · · · · · · · · · ·	
ment to the min and oth ax you Ch Otheric	palyer identification comber i ablet, poir may be subject to a er payments we make to you owe. If withfielding results in eck this box if the internal Re- se, your agnature on this app Ravanna Senica does not	upliance Act of 1933, persons of many mismance is correct. (For most individuals, this is their Socia50 pensity imposed by the training Ravenue S. (known as backup witholding). It is not an add an overphyment of basis, a refund may be availed in overphyment of basis, a refund may be availed income Service has notified you that you are subjected in a cerafication that the taxpayer identification from the correction of the taxpayer identification from the correction of the corr	al Security Number) if you do not pro made. In addition, we wall be forced to bonel tax, since the amount withheld a tile It to backup withholding no manber on this application is tree. o	ride us with certification of withhold 31% from interest any be applied against any wrect and complete. The
		ors space is needed, an additional blank sheet in	sy be attached.)	
	ı			
	•]
				1
				į
				ł
				[
	1			
	-			
				}
	•			
	•			
	•			
	,		•	•
			·	
	•	•		
	٠			
	•			
		\		
	•			
8-21	1	Page 6		
		·		

APR 26 '84 17:58 FR THE REICH AGENCY 1 248 283 9869 TO 16146776189 P.82/82



L034804300

AMENDMENT OF APPLICATION FOR INSURANCE TO NATIONWIDE LIFE INSURANCE COMPANY COLUMBUS, OHIO 43215

I hereby amend my application for insurance to the Nationwide Life Insurance Company on the life of Gary Lapitoff dated November 11, 2003 as follows:

The policy was issued with Non-Tobacco rates.

RETURN ORIGINAL SIGNED COPY TO NATIONWIDE

	Mail To: S. Nationwide Life Insurance Company Nationwide Life and Annuity Insurance Company Nationwide Life and Annuity Insurance Company Col. Insurance Company C	El Group P.O. Box 6026 Oublin, OH 43016 Social Security No	Q		MEDICAL EXAMINATION (Part 2 of an application to Netionwide Insurance for Life or Health Insurance) Date of Birth ficate so under "delede".)
Nam	V	lame	_	=	
Addı	880 28100 Gd Rover Ave	vddress			
	PF (A) (U	elephone			
Med		Aedical specialty			
	and today, but danied and an analysis of the same and the	late and reason last			
of do	ent medications to include prescription, over-the-counter medication taken sage and frequency.		pjem	ents,	"natural" or herbal medications. Give details DETAILS of yes answers. Identify
	e you ever had any indication of, been evaluated, diagnosed, or treated esalonal for:	nà s menen	Yes	No	question number. Circle applicable items.
fa.	Heart deesse, including heart affact, anging or cheel pain, shortness of breat congestive heart failure, heart minimum, or valvular heart disease, congenita other disorders of the heart?	t heart defect, or		ø.	include diagnosis and name and address of medical provider(s) consulted. (Use page 2 if additional space is needed.)
b.		igh triglycerides?		4	
C.	Heart catheterization, abnormal electrocardiogram, or other cardiac test, co	ronary bypasa		К	
	Ansuryam, carotid artery disease, deep vanous thromboals, phlebilis, peripdisease, any other disorder of the blood vessels, or pulmonary embolism?				
За.	Disbeles or abnormal blood sugar?	******************		A	
b.	Thyrold, adrenal, parathyrold, privilary, or other glandular disorder?		<u> </u>	可	
42.	Cancer, leukemia, lymphoma or any malignant or benign tumor, cyst, or pol	yps?		Ø	
	Any abnormal screening tests for cancer including PSA (prostate specific as mammogram, or PAP smears?			M	
	AIDS (Acquired Immune Deficiency Syndrome), or received positive results Immunodeficiency Virus) lest using the ELISA-ELISA-Western Biol Testing	Sequence?		D	
6.	Disorder of the blood including anemia, sidde cell disorders, thalessemis, hother disorder of the red blood cells, platelets, or clotting factors?	emophika, or any		R	
7.	Stroke, TIA, paralysis, epilepsy, seizures, fainting, tremor, Parkineon's dises retardation, carebrat palsy, multiple sciences, Alzheimer's disease, ALS (Lo disease), or any other symptoms or disorders of the nerves or brain?	ise, meniel u Gehrig's	0	M.	
Яœ	Asthma, emphysema (COPD), suberculosis, or chronic bronchitie?	***************************************		K)	
h.	Persistent hoerseness or cough, an abnormal chest X-ray or other tung dise	ese or disorder?	D	W	
9a.	Ulcer, intensinal bleeding, ulcerative colitis, Crohn's disease, diverticulitis, he disorder of the exophagus, siomach, or intestines?	rnia, or any other	П	ur)	
b.	Jaundice, cirrhosia, hepailtis, or any disease of the liver, pancreas or gall blo	scder?		Ø	
10a.	Sugar, protein, or blood in the urine, iddney stone, glomendonephritis, or his nephrectomy?	tory of	□	P)	
	Other disorders of the kinney, bladder, ureter, usellars, or any part of the urin			n	
118.	Reproductive system including uterine fibroids, endometricels, or overlan cy.	st/turnor?			
b.	Prostate unlargement, prostate cancer, testicular mass, or sexually transmitt	ed diseases?	0		
	Other disorder of the reproductive organs or breasts?		0		
	Disorder of the muscles, joints, bones, lendons, ligaments, soft feeues, spine of arthritis, fracture, chronic pain, or hemisted disc, chronic fatigue syndrome, or the second statement of the second	or fibromyalgia?		5	
13.	Disease of eyes, ears, nose, or throat?		D	ןמ	
14a.	Psychological or psychiatric disorders including depression, bipoter disorder, computaive disorder, schizophrenia, attention deficit disorders, affective disorder, or any other mental or behavioral disorder or disease?	rdens, eeding	0		
h	Alcoholium, drug dependency or addiction?			1	
15.	Any other mental or physical disease or disorder not listed above?				•

L-4593-21

	Nationwide	Life Insurance Company			MEDIC	AL EX	AMINATION	
Nat	ionwide Life a	nd Annuity insurance Company	(Part 2 (com	inued) of an			wide insurance for Life or	Heelth Insurance)
Have	you in the par	et 10 years;				Yes !		
16a.		(including outpatient) in a hospital, d				. 🗆 1	d	
b.	Consulted or b	een referred to any physician not list	ed above?					4
C.	Been advised	to have surgery, hospitalization, testin	ng, or treatment th	at was not o	ompleted?,	. 🗆 i	2	
		(If yes, specify dates and form of to				. 🛚 1	zd (
		beverages? (If yes, how much, what] occasional-so	cial
ር	Used any illega provide details.	II, restricted, or confrolled substance en	ccept as prescribed	l by a physic	an? (#yes,		ď	
18.	Requested or re	oceived a pension, benefits, or payment					18	•
ADDI	TIONAL SPACE	E FOR DETAILS OF YES ANSWERS	S. (Identify questi	on number.)				
				****			. W. I W. T. F.	
	*** ***********************************		****					
							. 	***************************************
				,				
********				,	······································		**************************************	
		**************************************						***********************

•								
							to the transference of the second	

*******	***************************************				***************************************		→************************************	
		***************************************			*			
			····				·*************************************	
	** ************************************				······			

	•							

19.	Living	Health Concerns or	Age or Age at Death	Brother	Living		Health Concerns or Cause of Death	Age or Age
		Cause of Deeth		or Sister?	CON		Cause of Desert	at Death
Father	Y	Leukanta	179		NI			
Mother	MA				YN		·	
-122	900				YN			
Other fa	amally members v	with diabetes, heart disease, cancer,	kidney disease or	other inherit	ble condition	ons?		
All the s	statements and	answers on this form are complete a	and true to the be	st of my kno	wiedge and	belief, w	helher wiltien by my own	hand or not: and I
Hyree B	iat iney are to b	e the basis for any Insurance issued	hereon. Lauthori	za: any licen	sed ohysici	ion or me	dicai practitioner; any hos	cital, clinic or other
THEOREM	or medically re	listed facility, any insurance comper	my, the Medical in	formation B	леви; ога	ny other	organization, institution, o	or person who has
Compan	ge of the (of or w. of its reinsum	any other person who is proposed from This authorization, or a copy of it	or misoremose, to p I will be valid for a	ine ser sac	msaaan 10 I moon theo	ine kieci Shirk (3)	CER L'ARGEOIT OR 1818 PAZEORA 13 manuflur from Illus, doés ille	MOS LISS INSURANCE
	/	(((1)	y same or remarks c				ry course to movement to the	ree organi.
ogned i	his day of	1 12:0	·	200				
سر	!	Month Day		Yes	ہ م			
ined_		111 · 111			ESE ESE	7	\rightarrow	
		Agnature of Medical Editioner	. \		-4	gnature	of Proposed (all red	$\mathcal{V}^{}$
-4693-2	1 /		Page	2	 			(
	(/ 1	- 486	-				

20. AGREEMENT, AUTHORIZATION AND SIGNATURES

I have read this application. I understand each of the questions. All of the answers and statements on this force are complete and true to the best of my knowledge and belief I understand and agree that

- A This application, any amendments to a, and any related medical examinations will become a part of the Policy and are the beats of any insurance issued upon this application.
- B. No medical examiner, produces or other representative of NaSozwide may accept risks or make or change any contract, or waive or change any of the Company's rights or requirements.
- C If the full first premawn payment is made in exchange for a Temporary insurance Receipt, Haliconside will only be heble to the extent set forth in that recept
- O. If the full first premium is not paid with this application, then insurance will only take effect when all of the following conditions are met:
 - 1. a Policy is Issued by Nationwide and is accepted by me; and
 - 2. the full first premium is paid, and
 - all the answers and statements made on the application, medical examination(s) and amendments continue to be into the best of my knowledge and belief.

The applicant has a right to cancel this application at any time by contacting their agent or Nationarde in writing. I have received the pre-notice form of the Fair Credit Reporting act of 1970 and the Medical Information Bureau disclosure form. I certify that the Social Security Number given is correct and complete.

I sulhorze any licensed physician or medical practitioner, any hospital, chric, phaemacy or other medical or medically related facility; any insurance company, the Medical Information Burneu, or any other organization, entitution or person who has knowledge of me, to give that information to the Medical Director of the Nationarde Life Insurance Company. Alternative Company, or its renducers, for the purpose of underwining my application in order to determine eligibility for Life Insurance and to investigate claims. Company, or its renducers, for the purpose of underwining my application in order to determine eligibility for Life Insurance and to investigate claims. On all Instruct any physician, health care provider to release and disclose my entire medical econd without restriction. I understand that any information that is disclosed pursuent to this authorization may be redisclosed and no longer be covered by federal rules governing privacy and confidentially of health information. This suthorization, or a copy of it, will be valid for a period of not more than two and one-half years (30 months) from the date it was signed. Lundentiand that I have the right to revoke the submination in writing, at anytims, by susting a written request for revocation to its disclosed that insurance Company/Nationarde Life and Annaty Insurance Company, Attention. Understand that a revocation is not effective to the extent that any of my providers have reled on the authorization, or to the extent that the policy itself. I further understand that it reluse to sign this subministion to release my complete insulation for the understand that my authorization to release my complete insulation authorization by sending a request to Nationards. In vertical time making a understand that my authorization for the policy at a light to contest the policy itself. I further understand that if reluse to sign this subministion to release my complete insulation authorization by sending a request to Nationards in vertice.

N 1 1	Market perio 19					
Signed at Bir martin, Michael	on October	2003				
City/State '	Month/Day 3	Yesr				
have truly and accurately recorded all Proposed insured's answers on his application and have witnessed institutions signature(s) hereon	Gary Harman Luc	\mathcal{P}_{ab}				
To the best of my knowledge, the insurance applied for ED well. (If well not (CHECK ONE) replace any the assurance, and/or exmusty	Name of Proposed lassred (please)					
MARK E. RETCH Producer's Hama (please print)	Separative of Proposed Brigaries (or parent of Proposed Insured as under lage 15) Name of Joint/Spouse Proposed Insured (please print)					
Producer's Signature						
RESCH LOSSING 21:0024503 Producer's Nelsonande Number	Signature of John/Spouse Proposed Insured (A	lo be insured)				
Social Security Number	Sapadam of Applicant/Owner (Follow than the historical)					
<u>.</u>	Signature of Payor (4 other than the losured)					

L-4735-21

Page :



GUARANTEED TERM LIFE INSURANCE TO AGE 95 POLICY

Renewable once a year until age 95.

Convertible anytime prior to the end of the conversion period, as stated on the policy data pages.

Premiums payable during lifetime of Insured prior to the end of the term of the policy.

Premiums are guaranteed at issue.

Non-Participating - No Dividends.

Life 4608

Water - Dog For